U.S. Department of Labor Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.					
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
Reo a Co	O COVERED  MO DAY  YEAR  3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:				
(AR17201) 540-203 From	0 / 0 / 2 o o o (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:				
Through	your union as defined in Section X of the instructions, check nere:				
	8. MAILING ADDRESS (Type or print in capital letters.)				
<u>IMPORTANT</u>	First Name				
Paging the address label from the best for	ZMIL				
Peel off the address label from the back of the package and place it here.	Last Name				
If the label information is correct, leave Items 4 through 8 blank.	ABATE				
If any of the label information is incorrect, complete Items 4 through 8.	P.O. Box • Building and Room Number (if any)				
	Number and Street				
HOTEL EMPLOYEE AND RESTAURANT EMPLOY					
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER	City				
LOCAL 27 7. UNIT NAME (if any)	L WASHINGTON				
Parking & Service Workers Union	State ZIP Code + 4				
Are your organization's records kept at its mailing address?     Yes X     No     No	DC 20005-				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages	properly identified.)				
item Number					
1					
	·				
Each of the undersigned duly authorized officers of the above labor accessization declare	s, under the applicable penalties of law, that all of the information submitted in this report (including the information contained				
in any accompanying documents) has been examined by the signatory and is, to the be	s, under the applicable penalties of law, that all of the information submitted in this report (including the information contained at of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED: While M. And PRI	ESIDENT 77. SIGNED: TREASURER				
	ther title, instructions.) 4 / 20 / 01 (202) 393 - 7939 (If other title, see instructions.)				
Date Telephone Number	Date Telephone Number				
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During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes No	reporting period?
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?  \$ 500000
12. Have a political action committee (PAC) fund?	X	21. What are your organization's rates of dues and fees?  (Enter a minimum and maximum if more than one rate applies for any line.)  Rates of Dues and Fees
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	$^{1}\chi$	(a) Regular Dues/Fees \$ per month (Month, Year, etc.)
Have an audit or review of its books and records     by an outside accountant or by a parent body     auditor/representative?	X	(c) Transfer Fees \$
15. Discover any loss or shortage of funds or other property?	λ	(Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)		22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
Have any officer who was paid \$10,000 or more     by your organization and also received \$10,000 or     more as an officer or employee of another labor	V	(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions.)
organization or of an employee benefit plan?  17. Liquidate or reduce any liabilities without	X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
disbursement of cash?	X	24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provide in Item 75 on page 1 as explained in the instructions for each		(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

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#### STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 540-203

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	Trinough 15 belore Completing Statement A	Enter Amounts in Dollars (	Enter Amounts in Dollars Unity — Do Not Enter Cents			
	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)		
	25. Cash		25 453	6827		
	26. Accounts Receivable		23 11 1	36 691		
ETS.	27. Loans Receivable	1		•		
ASSETS	28. U.S. Treasury Securities					
	29. Investments	2	3 3 9 8	5479		
	30. Fixed Assets	5	3 4 3 4	3434		
	31. Other Assets	3				
	32. TOTAL ASSETS					
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)		
•	33. Accounts Payable		20198	24608		

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
,	33. Accounts Payable		20198	24608
TIES	34. Loans Payable	8		1
LIABILI	35. Mortgages Payable			TO A CALL
LIA	36. Other Liabilities	4		
	37. TOTAL LIABILITIES	ĺ		
	38. NET ASSETS (Item 32 less Item 37)		20198	24608

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## STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 540 -203

### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

<u> </u>	CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item	1	#		Tem		
39.	Dues		173 762	56. To Officers	9	561
40.	Per Capita Tax			57. To Employees	10	158207
41.	Fees		2209	58. Per Capita Tax		93712
42.	Fines			59. Fees, Fines, Assessments, etc		·
43.	Assessments			60. Office & Administrative Expense	13	. 53 283
44.	Work Permits			61. Educational & Publicity Expense		
45.	Sale of Supplies			62. Professional Fees		20 9 15
46.	Interest		218	63. Benefits	11	23013
47.	Dividends		130	64. Contributions, Gifts & Grants	12	525
48.	Rents			65. Supplies for Resale		
49.	Sale of Investments & Fixed Assets	6		66. Direct Taxes		21813
50.	Loans Obtained	8		67. Withholding Taxes		45 59 4
51.	Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52.	On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53.	From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54.	Other Receipts	14		71. To Affiliates of Funds Collected on Their Behalf		
				72. On Behalf of Individual Members		
				73. Other Disbursements	15	20641
55.	TOTAL RECEIPTS		419 804	74. TOTAL DISBURSEMENTS		438264

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 540 - 20 3

Enter Amounts in Dollars Only — Do Not Enter Cents

### SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting	Loans	l anno Mardo	h at any time during the reporting Loans Repayments Received During Period		
period exceeded S250 and list all loans to business enterprises regardless of amount.  (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
1. Name:					
Purpose:					
Security:					
Terms of Repayment:					
2. Name:					
Purpose:					
Security:					
Terms of Repayment:			·		
3. Name:		:			
Purpose:					
Security:					
Terms of Repayment:					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5		·			
Enter the Totals from Line 6 in	∴	Item 69	ि ltem 51	ltem 75with Explanation	Item 27 Column (B)

# SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 540 - 203

### **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
Marketable Securities  1. Total Cost	4040
2. Total Book Value	5214
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Carr America, shares 80	2505
(b) Security (ap, 135 Shares	2709
(c)	
(d)	
Other Investments 4. Total Cost	
5. Total Book Value	
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	5214
Enter the Total from Line 7 in	☆ ltem 29, Column (B)
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Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in	्री ltem 31, Column (B)

### **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in	் Item 36, Column (D)

## SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 540 - 203

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7				
Enter the Total from Line 8, Column (D) in			⊕ em 30, Column (B)	

### SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestr	nents	
		8. Net Sales		
Enter the Total from Line 8 in				্রি Item 49

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## SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 540 - 203

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvest	ments	
	8. Net Purchases	5	,
Enter the Total from Line 8 in			ু Item 68

### **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any	Loans Owed at	ns Owed at Loans Obtained Repayment N		de During Period	Loans Owed at
Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1.		_			
2.					
3.					
4.					
5. Totals from additional pages (if any)			_		
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	습 	分Item 50		Item 75 with Explanation	

### SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 540 -203

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)  Status (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. HERBELTAN ROXIE Trie PRESI DENT Status /					
Last Name  2. A BATE  SMIL			462		462
Title S E C R T A R Y T R E A S U Status  Last Name  A T A O T					
3. AT A BI YOSEF  Title BOAD A M.EMBER Status  Last Name  First Name	104				104
4. HAGOS HAIEMEL					
Title VICE PRESIDENT Status  Last Name  5. DIA Z  ZNRÎ QUE		· ··· · · · · · · · · · · · · · · · ·			
Title. VICE) PRESIDENT Status  Last Name  First Name				·	
6. ABAY ATSEDE					:
Title BOARD MEMBER  Last Name  7. CABRERA  ROGER					
Title BOARD MEMBER Status  8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8	104		462		569
			10. Less Deduc	ctions	8
Enter the Total from Line 11 in		Item 56 🕏	11. Net Disburs	sements	561
*Code for Status (C): past officer — P; continuing officer — C; new office	er during the reporting p	period — N.	(If any officer was not your organization's con-	elected at a regular ele stitution and bylaws, expl	etion in accordance with lain in Item 75 on page 1.)

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FILE NUMBER: 540 - 203

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. GIZAW YESALEMU Position ACCOUNTANT  Name of A	10647				10647
Name of Affiliated COCAL 27  Last Name  2. DARA  Position  THOMPSOM	17404				17404
Name of Affricated COCAL 27  Last Name  3. HUG # F S  Position	10229				10229
Name of Affiliated Organization  Last Name  4. WIENER  Position  Position	12750		1564		14314
Name of Affiliated Organization  East Name First Name					
Position  Name of Affiliated Organization	10		***		
<ul> <li>6. Totals from additional pages (if any)</li> <li>7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates</li> </ul>	134,988		4032		139,019
8. Totals of Lines 1 through 7	198,041		9. Less Deduc	etions	<u>203,801</u> 45594
Enter the Total from Line 10 in	7 - 10	Item 57 🖒	10. Net Disburs	ements	158207

### **SCHEDULE 11 — BENEFITS**

Description (A)	To Whom Paid (B)	Amount (C)
1. Work Comp Insurance	CGU	2,487
1. Work Comp Insurance 2. Heath Insurance	Local 37 Health Welfare	20,526
3.		,
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		23 01 3
Enter the Total from Line 6		ু Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charity	525
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	525
Enter the Total from Line 8 in	企 Item 64

## SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
	2,680
2. Ront	22 864
3. Printing	6,708
<i>f</i>	1, 887.
5. Postag and dolivery	358
6. Wilited	5,072
7. Total from additional pages (if any)	13,709
8. Total of Lines 1 through 7	<b>\$</b> 3278
Enter the Total from Line 8 in	

1

FILE NUMBER: 5 4 0 - 2 0 3

# SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Interest Income	33. 42
2. Roinshersment Incomo	
	1,712 30
3. Vender Refund 4. Reimbursed Theme	36,086.66
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	243,485
Enter the Total from Line 17 in	<b>企</b>

# SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Costarland other	10,220.00
2. Organizing	431 . 🖙
3. Car Ivan Rental	/ 337
4. Fravel	3375 · ←
5. Banh Serivice	12 . ==
6. Broad Casting	150 . ~
7. Dues Refund	1468
8. MISellanopus	3647 . ≠
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	20 641
Enter the Total from Line 17 in	 Item 73

ORGANIZATION NAME:	f Service	warkers	Loca / 27
ENDING DATE OF PERIOR	COVERED: / )	-31-00	·

FILE	NUMBER:	54	0-	20	3

PAGE \_\_\_OF \_\_\_ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters	ters.)	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
	(C)	(D)	(E)	(F)	(G)	(H)
Last Name First Name						
Beru Bekele			· · · · · · · · · · · · · · · · · · ·			
	aus <u>C</u>					
Last Name First Name						
Tamrat Solomon					·	·····
	tus C			: 		
Last Name First Name  L12066 HU90						
^	: tus <u>C</u>					
Last Name First Name						
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Title State	itus	·				
Last Name First Name					·	
Title State	tus		Secure Audit Section S			······································
Last Name First Name						
					· 	
Title · State	 itus 			,	ŕ	
Last Name First Name		· · · · · · · · · · · · · · · · · · ·				
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Title State	itus					
Last Name First Name						
	:			<u></u> ;	: 	
Title State	itus				·	
To	otais					
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ORGANIZATION NAME: Par King	and	Service	Workers 1-27
ENDING DATE OF PERIOD COVERED:	2-31-	-01	

FILE NUMBER: 540-203

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period evithey received no salary or other disbursements. Use all capita  (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	ven if al letters.) Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name  First Name  First Name	KUT					
Title	Status					
Last Name First Name  Hagos Temes gen				-		
THO EXECUTIVE BOAVE	Status C					
Last Name  First Name  Woubinoh Tibebu		·				-
Title Trustec	Status C					
Last Name Chavez Mario						-
THE EXECUTIVE BOARD	Status C		:			
Last Name First Name  A G h u ped Seda						
Title Executive Board	Status P		,			
Last Name First Name Barranco Roger						
THE EXECUTIVE BOARD	Status					
Setegn DegFae			-			-
THO Executive Board	Status					
Last Name  Wubishet Olmana		_	-			
THO Executive Board	Status			:		-
	Totals				,	<del>_</del>

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: -

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)      (B) Position (Enter employee's job title.)	(before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements (G)	Total (H)
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(11)
1. G 1 2 a w Y e s a / e m u s h	10647				10647
Position ## C C O U N t a N t  Name of Affiliated Organization					
Last Name First Name					17404
2. Thompson Darla  Position Researcher  Name of Affiliated Organization	17404				7,707
3. Hughes  Position 1 10 2 0 11 2 0 11	10229	-			10229
Position Organi 2er  Name of Affiliated Organization First Name					
4. Weiher Nicholos  Position Researcher  Name of Affiliated Organization	12750		1564		12750
Last Name First Name  5.  Position  Name of Affiliated	-				
6. Totals from additional pages (if any)	134,998		4,032	-	139,019
Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	12,024		164		
8. Totals of Lines 1 through 7	198,041		5,760		203,801
			9. Less Dedu		45594
Enter the Total from Line 10 in		Item 57 🖒	10. Net Disbur	sements	158207
T IMA (Parison 2000)	2 - 1.0				Page 10 of

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 40 - 2 0 3

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters	ərs.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	atus C)*	other deductions) (D)		Business (F)	Disbursements (G)	Total (H)
Last Name First Name						
1. Hagos Temesgen	,	1			1 '	
Title Status	s C	1	1	· [	1	1
Last Name First Name	-		<del></del>	<del>                                     </del>	<del></del>	<del>                                     </del>
2	1	1	I = I = I	· [	1	1
Title Status	s			1		
Last Name First Name						
<b>3.</b>	J	L	1'	1	1	1
Title Status	s	1	1	1	[ ]	1 - ' ' '
Last Name First Name	-	<del>                                     </del>	<del> </del>	<del></del>	<del></del>	<del></del>
4.		1	1		1	[
Trile Status	s	1	1		[]	1
Last Name First Name			<b></b>	<b></b>	<u> </u>	<b></b> '
5.	1	Ī · · · · · · · · · · · · · · · · · · ·	1	<del> </del>	<i>[</i>	<u> </u>
Title Status	s -				-	
Last Name First Name	-		<del></del>	<del></del>	<del></del>	<del></del>
6.		,	1	[ · · · · · · · · · · · · · · · · · · ·	<i>[</i>	1
Title Status	,		-			
Last Name First Name		ı — — — — — — — — — — — — — — — — — — —				
<b>7.</b>	]		i	1	, <u> </u>	
Title Status	,					
8. Totals from additional pages (if any)					,	1
9. Totals of Lines 1 through 8						
				10. Less Deduc	xtions	
Enter the Total from Line 11 in		·····	Item 56 🕏	11. Net Disburs	ements	
*Code for Status (C): past officer — P; continuing officer — C; new o	office	r during the reporting r	period — N.	(If any officer was not e	<del></del>	ection in accordance with

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ORGANIZATION NAME: PARHING	& Service	Workers	Loca(27
ENDING DATE OF PERIOD COVERED	12-3	1-00	

FILE NUMBER: 5 40-203

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

	LIMI LOILLO	(00::::::::::::::::::::::::::::::::::::			
(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)      (B) Position (Enter employee's job title.)	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name First Name	, ,			<u> </u>	
LINGO TRACY	24825		1104		25929
Position ORGANIZER					
Name of Affiliated Aff			<u></u>		
Last Name  STROTHMAND KRISTHA	36 625		999		37623
Position LEAD ORCANIZER			1 ( ]		37040
Name of Affiliated OCAL 27					
Last Name  VEHEDGO  AZIEB	25 9 5 8	-	556		26514
Position ORGANIZER	23 430		276		20011
Name of Affiliated COCAL 27					
Last Name  BELAY  ABERE	26 208		1082		27 29 0
Position ORC-ANI 2ER	~ 6 20 6		1002		27 27 0
Name of Affiliated CAL 27 Organization					
Last Name First Name	21272		201		21112
PEYSARD MICHEAL POSITION DOCANTZER	21372	,	291		21 663
Position ORCANIZER  Name of Affiliated Affiliated Organization 200AL 27					
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Totals	134,988		4032		1 39, 019
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ORGANIZATION NAME.	 		
ENDING DATE OF PERIOD COVERED:	 <del>=</del>	<del></del>	•

FILE NUMBER 5 0 4 - 20 3

PAGE \_\_\_\_OF \_\_\_ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Ailowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name  First Name  First Name  First Name  A COUNTAIN  Name of Affiliated Organization	10647				10647
Last Name  Thompson  Position Researcher  Name of Affiliated Organization	17404				17404
Last Name  HU9hes  Position Oy99112ev  Name of Affiliated Organization	1 2 2 9				10229
Last Name  Weiner  Position  Name of Affiliated Organization	12750		1564		12750
Last Name  EMPLOYEES Who received  Position less than \$10,000  Name of Affiliated Organization	12024		164		
Totals	198,041		5,760		203,801

Parking & Samue Workers Union Local 27 5-40-203 01-01-01

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12-31-01

Office & Admininistrative Expense

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13709	Total
2057	Cleaning
605	
5516	Telelphone
5531	Repair and Maintainace

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Parking & Service Workers Union Local 27
01-01-01 to 12-31-01
540-203

Unrealized gain \$ 1174.00 Common Stock was due to temporay market increase.

Additional Information

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Parking and Service Workers, Local 27

to 12-31-01 Year from 01-01-01

540-203

Item 75

The President of Local 27, Roxie Herbekian, is a Board Member of the

Food and Beverage Workers Union Lo al 32 & Employers benefit Fund Metro 400 Building
Suite 201
4301 Garden City Drive
Landover, Md. 20785

The ERISA number is 521391582

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